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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/814,854
Filing Date	March 30, 2004
First Named Inventor	Fidel Realyvasquez, M.D.
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	CSI-2024

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

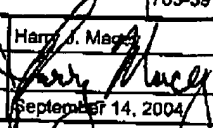
I have been discharged by Coalescent Surgical, Inc. in connection with the above-identified  
The reasons for this request are: application.

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1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Jeffrey J. Hohenshell, Esq.		
Address		Medtronic, Inc.		
Address		7601 Northland Drive		
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Country		US		
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Name		Harold J. Macey		
Signature				
Date		September 14, 2004	Registration No.	32,818
			Telephone No.	650-654-9555

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## LAW OFFICE OF HARRY J. MACEY

## FACSIMILE TRANSMITTAL SHEET

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COMPANY:	United States Patent and Trademark Office	DATE:	9/14/04
FAX NUMBER:	703-872-9306	TOTAL NO. OF PAGES INCLUDING COVER:	2
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☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

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